

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sara

2. Surname (Last Name)

Trier-Mørch

3. Date

06-October-2015

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Livstruende Pneumocystis pneumoni hos rask gravid

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Trier-Mørch has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nicki	2. Surname (Last Name) Broholm Holst Sørensen	3. Date 06-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sara Trier-Mørch
5. Manuscript Title Livstruende Pneumocystis pneumoni hos rask gravid		
6. Manuscript Identifying Number (if you know it)		

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Dr. Broholm Holst Sørensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Rostgaard-Knudsen	3. Date 06-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sara Trier-Mørch
5. Manuscript Title Livstruende Pneumocystis pneumoni hos rask gravid		
6. Manuscript Identifying Number (if you know it)		

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Dr. Rostgaard-Knudsen has nothing to disclose.

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1. Given Name (First Name) Helle	2. Surname (Last Name) Larsen	3. Date 06-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sara Trier-Mørch
5. Manuscript Title Livstruende Pneumocystis pneumoni hos rask gravid		
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Dr. Larsen has nothing to disclose.

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